

IDAHO STATE BOARD OF PHARMACY

Board Funded PMP Gateway and NARxCARE Licenses Application and Standard Terms and Conditions

The Idaho State Board of Pharmacy (“Board”) and the Idaho Department of Health and Welfare (“IDHW”) entered into a contract, IDHW Contract No. HC929600 (“IDHW -600”), for IDHW to provide BOP with funding to pay Appriss PMP Gateway and/or NARxCARE license fees for certain pharmacies and prescribers. Such pharmacies and prescribers shall be specifically identified and approved by the Board, and the Board shall provide Appriss, Inc. with a list of all such pharmacies and prescribers approved for funding.


The terms and conditions set forth herein shall apply to all pharmacies and prescribers approved by the Board to receive a PMP Gateway and/or NARxCARE license(s) paid by the Board with funds received pursuant to IDHW -600:

1. PMP Gateway or NARxCARE license fees paid by the Board on behalf of a pharmacy or prescriber shall be on a one-time basis per individual pharmacy or prescriber.
2. PMP Gateway or NARxCARE licenses issued to approved pharmacies or prescribers shall have a one (1) year term from the date of issuance.
3. The Board shall not be responsible for any costs or fees beyond the one (1) year license fee, which shall be paid at those rates specifically set forth in IDHW -600.
4. Upon the expiration of a PMP Gateway or NARxCARE license paid by the Board, the individual pharmacy or prescriber shall be responsible for all future license fees and any related costs.
5. The Board’s payment of PMP Gateway or NARxCARE license fees on behalf of an individual pharmacy or prescriber shall not create any ownership interest by the Board in the license(s).
6. The pharmacy or prescriber identified below expressly acknowledges that the Board’s payment of PMP Gateway and/or NARxCARE license fees is contingent upon BOP’s continued receipt of necessary funding from IDHW pursuant to the terms of IDHW -600.
7. To the extent a PMP Gateway or NARxCARE license requires a pharmacist or prescriber to enter an end-user agreement, or similar agreement, with Appriss, Inc., the pharmacist or prescriber shall comply with all terms and conditions of such end-user agreement and any non-compliance may be grounds termination of the pharmacist or prescriber’s PMP Gateway or NARxCARE license(s).

8. Use of a PMP Gateway and/or NARxCARE license by the pharmacy or prescriber identified below shall comply with all applicable federal and state laws.
9. If the Board determines, in its sole discretion, that a pharmacist or prescriber has failed to comply with any of the above terms and conditions, the Board may revoke the pharmacist or prescriber's approval for funding and notify Appriss, Inc. that the pharmacist or prescriber's PMP Gateway and/or NARxCARE license(s) should be immediately terminated.
10. The pharmacy or prescriber identified below expressly acknowledges and understands the above terms and conditions and agrees to comply with all the above terms and conditions in exchange for the Board's payment of a one-year PMP Gateway and/or NARxCARE license(s).

Pharmacy/Prescriber Name: Albertsons LLC (see attached list)
Address: 250 E Parkcenter Blvd.
Boise, ID 83706

Authorized Representative

Name: Dan Salemi
Title: Group Vice President, Pharmacy Services
Signature: 
Date: 12/17/15

Requested License (check all that apply):

☒ PMP Gateway

☒ NARxCARE

BOARD STAFF USE ONLY:

Approved License: ☐ PMP Gateway ☐ NARxCARE

Denied License: ☐ PMP Gateway ☐ NARxCARE

LEGAL BUSINESS NAME	D/B/A	ADDRESS	CITY	ST	ZIP	COUNTY	ID BOP Permit #	DEA#
ALBERTSONS LLC	SAV-ON PHARMACY #101	1650 W State St	Boise	ID	83702	ADA	21061RP	FA3750759
ALBERTSONS LLC	SAV-ON PHARMACY #103	415 Cleveland Blvd	Caldwell	ID	83605	CANYON	21063RP	FA3750812
ALBERTSONS LLC	SAV-ON PHARMACY #126	640 Highway 16	Emmett	ID	83617	GEM	21065RP	FA3750824
ALBERTSONS LLC	SAV-ON PHARMACY #130	911 Main St. North	Hailey	ID	83333	BLAINE	21050RP	FA3750987
ALBERTSONS LLC	SAV-ON PHARMACY #138	590 E 17th St	Idaho Falls	ID	83404	BONNEVILLE	21051RP	FA3751028
ALBERTSONS LLC	SAV-ON PHARMACY #154	1520 N Cole Rd	Boise	ID	83704	ADA	21066RP	FA3751129
ALBERTSONS LLC	SAV-ON PHARMACY #156	7100 W State St	Boise	ID	83714	ADA	21067RP	FA3751105
ALBERTSONS LLC	SAV-ON PHARMACY #159	330 E Benton St	Pocatello	ID	83201	BANNOCK	21053RP	FA3751143
ALBERTSONS LLC	SAV-ON PHARMACY #160	10500 Overland Rd	Boise	ID	83709	ADA	21068RP	FA3751179
ALBERTSONS LLC	SAV-ON PHARMACY #161	10700 Ustick Rd	Boise	ID	83713	ADA	21069RP	FA3751206
ALBERTSONS LLC	SAV-ON PHARMACY #162	5100 Overland Rd	Boise	ID	83705	ADA	21070RP	FA3751268
ALBERTSONS LLC	SAV-ON PHARMACY #164	20 E Fairview Ave	Meridian	ID	83642	ADA	21071RP	FA3751220
ALBERTSONS LLC	SAV-ON PHARMACY #165	528 N Main St	Mountain Home	ID	83647	ELMORE	21072RP	FA3751294
ALBERTSONS LLC	SAV-ON PHARMACY #166	2500 Blaine St	Caldwell	ID	83605	CANYON	21073RP	FA3751319
ALBERTSONS LLC	SAV-ON PHARMACY #168	405 S 8TH ST	Payette	ID	83661	PAYETTE	21074RP	FA3751307
ALBERTSONS LLC	SAV-ON PHARMACY #169	909 E Parkcenter Blvd	Boise	ID	83706	ADA	21075RP	FA3751321
ALBERTSONS LLC	SAV-ON PHARMACY #171	490 N 2nd E	Rexburg	ID	83440	MADISON	21054RP	FA3751357
ALBERTSONS LLC	SAV-ON PHARMACY #176	2400 12th Ave Rd	Nampa	ID	83686	CANYON	21077RP	FA3751408
ALBERTSONS LLC	SAV-ON PHARMACY #177	4700 N Eagle Rd	Boise	ID	83713	ADA	21076RP	FA3751458
ALBERTSONS LLC	SAV-ON PHARMACY #180	3301 W Cherry Ln	Meridian	ID	83642	ADA	21078RP	FA3751422
ALBERTSONS LLC	SAV-ON PHARMACY #182	250 S Eagle Rd	Eagle	ID	83616	ADA	21079RP	FA3751484
ALBERTSONS LLC	SAV-ON PHARMACY #184	6560 S Federal Way	Boise	ID	83716	ADA	21080RP	FA3751511
ALBERTSONS LLC	SAV-ON PHARMACY #189	3614 W State St	Boise	ID	83703	ADA	21081RP	FA3751561
ALBERTSONS LLC	SAV-ON PHARMACY #193	1653 S Vista Ave	Boise	ID	83705	ADA	21082RP	FA3751597
ALBERTSONS LLC	ALBERTSONS PHARMACY #199	1219 S Broadway Ave	Boise	ID	83706	ADA	21064RP	FA3750951
ALBERTSONS LLC	SAV-ON PHARMACY #238	1024 21st St	Lewiston	ID	83501	NEZ PERCE	21047RP	FA3751585
ALBERTSONS LLC	SAV-ON PHARMACY #254	161 W Prairie Ave	Hayden	ID	83835	KOOTENAI	21048RP	FA3751624
ALBERTSONS LLC	SAV-ON PHARMACY #1602	715 12th Ave S	Nampa	ID	83651	CANYON	21062RP	FA3750785
ALBERTSONS LLC	SAV-ON PHARMACY #3174	1901 S 25th E	Ammon	ID	83406	BONNEVILLE	21055RP	FA3751383
ALBERTSONS LLC	SAV-ON PHARMACY #3337	700 E Avalon St	Kuna	ID	83634	Ada	41612RP	FA5899577
ALBERTSONS LLC	SAV-ON PHARMACY #3339	10565 W Lake Hazel Rd	Boise	ID	83709	Ada	41611RP	FA5899589
ALBERTSONS LLC	SAV-ON PHARMACY #3360	132 East Lake St.	McCall	ID	83638	Valley	4437RP	FA6561206
ALBERTSONS LLC	SAV-ON PHARMACY #3366	20 E Wyoming Ave	Homedale	ID	83628	Owyhee	41610RP	FA5899565

Initial:

Date: 12/17/19

**PRESCRIPTION MONITORING PROGRAM DATA SHARING AGREEMENT
BETWEEN
THE IDAHO STATE BOARD OF PHARMACY
AND
THE IDAHO DEPARTMENT OF HEALTH & WELFARE**

This Prescription Monitoring Program Data Sharing Agreement (“Agreement”) is entered into by and between the Idaho State Board of Pharmacy (“Board”) and the Idaho Department of Health & Welfare, through its Division of Public Health, (“IDHW”). This Agreement sets forth the conditions upon which the Board will provide IDHW with non-confidential, aggregate, de-identified information from the Board’s Prescription Monitoring Program (“PMP Data”).

RECITALS

A. All controlled substances dispensed for humans must be filed with the Board in an electronic format specified by the Board. Idaho Code Section 37-2726(1).

B. The Board maintains a program to electronically track the prescriptions for controlled substances filed with the Board for the purpose of assisting in identifying illegal activity related to the dispensing of controlled substances and for the purpose of assisting the Board in providing information to patients, practitioners, and pharmacists to assist in avoiding inappropriate use of controlled substances. Idaho Code Sections 37-2730A(1) and 37-2726(2).

C. PMP Data “which does not identify individual patients, practitioners or dispensing pharmacists or pharmacies, may be released by the board for educational, research or public information purposes.” Idaho Code Section 37-2730A(3).

D. The Board may release PMP Data to “Authorized individuals under the direction of the department of health and welfare for the purpose of monitoring and enforcing that department’s responsibilities under the public health, medicare and medicaid laws”. Idaho Code Section 37-2726(2)(c).

E. IDHW’s mission is to promote and protect the health and safety of Idahoans through programs and services designed to help people live healthy and, productive lives, strengthening individuals, families and communities.

F. IDHW desires to utilize PMP Data for certain health and safety programs, services, and studies from time to time.

NOW THEREFORE, in consideration of the foregoing and the mutual promises and covenants herein contained, which are incorporated herein, the parties agree as follows:

1. The Board, either directly or through its vendor, will provide IDHW with PMP Data upon the Board's receipt of a written request for such data from IDHW. IDHW's written request shall specifically identify the PMP Data sought from the Board and describe the IDHW program that will utilize the requested PMP Data. The Board shall approve IDHW requests for PMP Data so long as such requests are consistent with this Agreement and permitted under all applicable state and federal laws. The Board will provide IDHW with PMP Data in a format mutually agreed upon by the parties. The Board shall complete any work orders with its vendor, as needed, in order to provide IDHW with PMP Data.

2. IDHW will use PMP Data received from the Board for the purpose of the IDHW program described in IDHW's written request to the Board for PMP Data. Any additional uses of the PMP Data will only be allowed upon the Board's written approval of an updated request from IDHW. All uses of PMP Data by IDHW will comply with all applicable state and federal laws.

3. The Board shall have the opportunity to review a complete draft of any report, evaluation, or other document intended for publication that uses PMP Data provided by the Board. Copies of any such report, evaluation, or other document shall be provided to the Board at least twenty-one (21) calendar days in advance of publication to allow the Board an opportunity to review and comment on the proposed publication.

4. No report, evaluation, or other document produced using PMP Data provided by the Board may be published if certain information, such as gender, age, region, or other potentially identifying information, when considered either alone or in combination with other factors, creates a reasonable possibility of directly or indirectly identifying individual patients, practitioners, or dispensing pharmacists or pharmacies.

5. No report, evaluation, or other document produced using PMP Data provided by the Board may be published if such publication proposes to include data points represented by fewer than: (a) twenty (20) individual patients; (b) three (3) practitioners; (c) three (3) dispensing pharmacists; or (d) three (3) pharmacies.


6. IDHW will credit the Board in any published report, evaluation, or other document produced using PMP Data provided by the Board.

7. IDHW will notify the Board of any subpoena or other request received by IDHW for information containing or related to PMP Data provided by the Board.

8. Unless otherwise required by law, IDHW will not release or provide any PMP Data provided by the Board to any other entity, without the prior written consent of the Board.

9. This Agreement shall be effective as of October 22, 2017, or upon signature by both parties, whichever is later, and shall continue until terminated by the parties. Either party may terminate this Agreement upon ten (10) days written notice to the other party.

For the Idaho Department of Health & Welfare:


Russell S. Barron

Oct 18, 2017
Date

For the Idaho Board of Pharmacy:


Alex Adams
Executive Director

10/23/17
Date

IDAHO STATE BOARD OF PHARMACY

Board Funded PMP Gateway and NARxCHECK Licenses Application and Standard Terms and Conditions

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9. If the Board determines, in its sole discretion, that a pharmacist or prescriber has failed to comply with any of the above terms and conditions, the Board may revoke the pharmacist or prescriber's approval for funding and notify Appriss, Inc. that the pharmacist or prescriber's PMP Gateway and/or NARxCHECK license(s) should be immediately terminated.
10. The pharmacy or prescriber identified below expressly acknowledges and understands the above terms and conditions and agrees to comply with all the above terms and conditions in exchange for the Board's payment of a one-year PMP Gateway and/or NARxCHECK license(s).

Pharmacy/Prescriber Name: Lawrence Gibbon MD
Family Medical Residency Pharmacy

Address: 185 W. 4th Ave Ste B
Post Falls ID
83854

Authorized Representative

Name: Sabrina Allen, PharmD Kris Gibbon MT
Title: Pharmacist Office Manager
Signature: Kris Gibbon
Date: 5-24-18

Requested License (check all that apply):

- ☒ ~~PMP~~ Gateway
☐ NARxCHECK

BOARD STAFF USE ONLY:

Approved License: ☐ PMP Gateway ☐ NARxCHECK

Denied License: ☐ PMP Gateway ☐ NARxCHECK

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10. The pharmacy or prescriber identified below expressly acknowledges and understands the above terms and conditions and agrees to comply with all the above terms and conditions in exchange for the Board's payment of a one-year PMP Gateway and/or NARxCHECK license(s).

Pharmacy/Prescriber Name: Mike's Pharmacy
Address: 180 So. Palmer Ave
Idaho Falls, Id
83401

Authorized Representative
Name: Michael J. Merrill
Title: OWNER
Signature: Michael J. Merrill
Date: 11/2/2017

Requested License (check all that apply):

☒ PMP Gateway

☐ NARxCHECK

BOARD STAFF USE ONLY:

Approved License: ☐ PMP Gateway ☐ NARxCHECK

Denied License: ☐ PMP Gateway ☐ NARxCHECK

IDAHO STATE BOARD OF PHARMACY

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10. The pharmacy or prescriber identified below expressly acknowledges and understands the above terms and conditions and agrees to comply with all the above terms and conditions in exchange for the Board's payment of a one-year PMP Gateway and/or NARxCHECK license(s).

Pharmacy/Prescriber Name: Family Medical Residency Pharmacy

Address: 10565 W. Emerald St.
Boise, ID 83704

Authorized Representative

Name: Sabrina Allen, PharmD

Title: PIC

Signature: Sabrina Allen, MD

Date: 07/10/2017

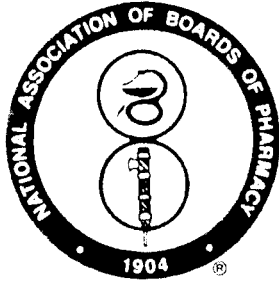
Requested License (check all that apply):

- ☒ PMP Gateway
☐ NARxCHECK

BOARD STAFF USE ONLY:

Approved License: ☐ PMP Gateway ☐ NARxCHECK

Denied License: ☐ PMP Gateway ☐ NARxCHECK



nabp

National Association of Boards of Pharmacy

1600 Feehanville Drive • Mount Prospect, IL 60056-6014

Tel: 847/391-4406 • Fax: 847/391-4502

Web Site: www.nabp.net

Amendment One to the Memorandum of Understanding Between the National Association of Boards of Pharmacy and the State of Idaho, State Board of Pharmacy

The National Association of Boards of Pharmacy* (NABP*) and the State of Idaho, State Board of Pharmacy ("Parties") agree to amend the Memorandum of Understanding Relating to Software for its Prescription Drug Monitoring Program ("MOU") dated February 28, 2013.

This Amendment ("Amendment One") is made, nunc pro tunc, as of February 28, 2013. The Parties agree to amend the MOU as follows:

In the "State Responsibilities" section, add the following new paragraph at the end of the section:

13. State administrators are responsible for vetting, approving, and denying all system and data transfer access requests within the Software solution.

Except as provided in this Amendment One, all other terms and conditions of the above referenced MOU, as amended, remain in full force and effect.

By their signatures, below, the undersigned warrant that they are authorized representatives of their respective organizations and that they are authorized to execute this Amendment One to the Agreement and bind their respective organizations to its terms as of the effective date stated above.

National Association of Board of Pharmacy

By: 

Carmen A. Catizone, MS, RPh, DPh
Executive Director/Secretary

Date: 11 June 13

State of Idaho, State Board of Pharmacy

By: 

Date: 6/15/13

IDAHO STATE BOARD OF PHARMACY

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Pharmacy/Prescriber Name: Pharmacy Shop Express
Address: 1441 Parkway Drive Blackfoot, ID 83221

Authorized Representative

Name: Heather Anderson, Pharm D.

Title: Pharmacy Manager

Signature: *Heather Anderson, Pharm D.*

Date: December 12, 2018

Requested License (check all that apply):

☒ PMP Gateway

☒ NARxCARE

BOARD STAFF USE ONLY:

Approved License: ☐ PMP Gateway ☐ NARxCARE

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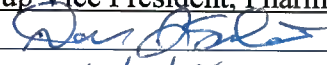
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4. Upon the expiration of a PMP Gateway or NARxCARE license paid by the Board, the individual pharmacy or prescriber shall be responsible for all future license fees and any related costs.
5. The Board’s payment of PMP Gateway or NARxCARE license fees on behalf of an individual pharmacy or prescriber shall not create any ownership interest by the Board in the license(s).
6. The pharmacy or prescriber identified below expressly acknowledges that the Board’s payment of PMP Gateway and/or NARxCARE license fees is contingent upon BOP’s continued receipt of necessary funding from IDHW pursuant to the terms of IDHW -600.
7. To the extent a PMP Gateway or NARxCARE license requires a pharmacist or prescriber to enter an end-user agreement, or similar agreement, with Appriss, Inc., the pharmacist or prescriber shall comply with all terms and conditions of such end-user agreement and any non-compliance may be grounds termination of the pharmacist or prescriber’s PMP Gateway or NARxCARE license(s).

8. Use of a PMP Gateway and/or NARxCARE license by the pharmacy or prescriber identified below shall comply with all applicable federal and state laws.
9. If the Board determines, in its sole discretion, that a pharmacist or prescriber has failed to comply with any of the above terms and conditions, the Board may revoke the pharmacist or prescriber's approval for funding and notify Appriss, Inc. that the pharmacist or prescriber's PMP Gateway and/or NARxCARE license(s) should be immediately terminated.
10. The pharmacy or prescriber identified below expressly acknowledges and understands the above terms and conditions and agrees to comply with all the above terms and conditions in exchange for the Board's payment of a one-year PMP Gateway and/or NARxCARE license(s).

Pharmacy/Prescriber Name: Safeway Inc. (see attached list)
Address: 250 E Parkcenter Blvd.
Boise, ID 83706

Authorized Representative

Name: Dan Salemi
Title: Group Vice President, Pharmacy Services
Signature: 
Date: 12/17/18

Requested License (check all that apply):

- ☒ PMP Gateway
☒ NARxCARE

BOARD STAFF USE ONLY:

Approved License: ☐ PMP Gateway ☐ NARxCARE

Denied License: ☐ PMP Gateway ☐ NARxCARE

LEGAL BUSINESS NAME	D/B/A	ADDRESS	CITY	ST	ZIP	COUNTY	ID BOP Permit #	DEA#
SAFEWAY INC	SAFEWAY PHARMACY #0350	702 N 5th Ave	Sandpoint	ID	83864	Bonner	40533RP	BS3085140
SAFEWAY INC	SAFEWAY PHARMACY #0383	1320 S Blaine St	Moscow	ID	83843	Latah	40534RP	BS5024803
SAFEWAY INC	SAFEWAY PHARMACY #1470	121 W. Neider Ave	Coeur D'Alene	ID	83815	Kootenai	40536RP	BS4759760
SAFEWAY INC	SAFEWAY PHARMACY #2954	6519 Main St	Bonnets Ferry	ID	83805	Boundary	40539RP	BS4154148
SAFEWAY INC	SAFEWAY PHARMACY #3295	1001 N 4th St	Coeur D'Alene	ID	83814	Kootenai	40542RP	BS2908222

Initial: JB

Date: 12/2/16

IDAHO STATE BOARD OF PHARMACY

Board Funded PMP Gateway and NARxCARE Licenses Application and Standard Terms and Conditions

The Idaho State Board of Pharmacy ("Board") and the Idaho Department of Health and Welfare ("IDHW") entered into a contract, IDHW Contract No. HC929600 ("IDHW -600"), for IDHW to provide BOP with funding to pay Appriss PMP Gateway and/or NARxCARE license fees for certain pharmacies and prescribers. Such pharmacies and prescribers shall be specifically identified and approved by the Board, and the Board shall provide Appriss, Inc. with a list of all such pharmacies and prescribers approved for funding.

The terms and conditions set forth herein shall apply to all pharmacies and prescribers approved by the Board to receive a PMP Gateway and/or NARxCARE license(s) paid by the Board with funds received pursuant to IDHW -600:

1. PMP Gateway or NARxCARE license fees paid by the Board on behalf of a pharmacy or prescriber shall be on a one-time basis per individual pharmacy or prescriber.
2. PMP Gateway or NARxCARE licenses issued to approved pharmacies or prescribers shall have a one (1) year term from the date of issuance.
3. The Board shall not be responsible for any costs or fees beyond the one (1) year license fee, which shall be paid at those rates specifically set forth in IDHW -600.
4. Upon the expiration of a PMP Gateway or NARxCARE license paid by the Board, the individual pharmacy or prescriber shall be responsible for all future license fees and any related costs.
5. The Board's payment of PMP Gateway or NARxCARE license fees on behalf of an individual pharmacy or prescriber shall not create any ownership interest by the Board in the license(s).
6. The pharmacy or prescriber identified below expressly acknowledges that the Board's payment of PMP Gateway and/or NARxCARE license fees is contingent upon BOP's continued receipt of necessary funding from IDHW pursuant to the terms of IDHW -600.
7. To the extent a PMP Gateway or NARxCARE license requires a pharmacist or prescriber to enter an end-user agreement, or similar agreement, with Appriss, Inc., the pharmacist or prescriber shall comply with all terms and conditions of such end-user agreement and any non-compliance may be grounds termination of the pharmacist or prescriber's PMP Gateway or NARxCARE license(s).

8. Use of a PMP Gateway and/or NARxCARE license by the pharmacy or prescriber identified below shall comply with all applicable federal and state laws.
9. If the Board determines, in its sole discretion, that a pharmacist or prescriber has failed to comply with any of the above terms and conditions, the Board may revoke the pharmacist or prescriber's approval for funding and notify Appriss, Inc. that the pharmacist or prescriber's PMP Gateway and/or NARxCARE license(s) should be immediately terminated.
10. The pharmacy or prescriber identified below expressly acknowledges and understands the above terms and conditions and agrees to comply with all the above terms and conditions in exchange for the Board's payment of a one-year PMP Gateway and/or NARxCARE license(s).

Pharmacy/Prescriber Name:

Address:

Leanna Moser, RUCP (East to West Family Medicine)
2251 E. Summerwest Dr. Ste. A
Boise, ID 83716

Authorized Representative

Name:

Title:

Signature:

Date:

Leanna Moser
Owner, Practitioner
[Signature]
10-30-18

Requested License (check all that apply):

☒ PMP Gateway

☒ NARxCARE

BOARD STAFF USE ONLY:

Approved License: ☐ PMP Gateway ☐ NARxCARE

Denied License: ☐ PMP Gateway ☐ NARxCARE

IDAHO STATE BOARD OF PHARMACY

Board Funded PMP Gateway and NARxCARE Licenses Application and Standard Terms and Conditions

The Idaho State Board of Pharmacy ("Board") and the Idaho Department of Health and Welfare ("IDHW") entered into a contract, IDHW Contract No. HC929600 ("IDHW -600"), for IDHW to provide BOP with funding to pay Appriss PMP Gateway and/or NARxCARE license fees for certain pharmacies and prescribers. Such pharmacies and prescribers shall be specifically identified and approved by the Board, and the Board shall provide Appriss, Inc. with a list of all such pharmacies and prescribers approved for funding.

The terms and conditions set forth herein shall apply to all pharmacies and prescribers approved by the Board to receive a PMP Gateway and/or NARxCARE license(s) paid by the Board with funds received pursuant to IDHW -600:

1. PMP Gateway or NARxCARE license fees paid by the Board on behalf of a pharmacy or prescriber shall be on a one-time basis per individual pharmacy or prescriber.
2. PMP Gateway or NARxCARE licenses issued to approved pharmacies or prescribers shall have a one (1) year term from the date of issuance.
3. The Board shall not be responsible for any costs or fees beyond the one (1) year license fee, which shall be paid at those rates specifically set forth in IDHW -600.
4. Upon the expiration of a PMP Gateway or NARxCARE license paid by the Board, the individual pharmacy or prescriber shall be responsible for all future license fees and any related costs.
5. The Board's payment of PMP Gateway or NARxCARE license fees on behalf of an individual pharmacy or prescriber shall not create any ownership interest by the Board in the license(s).
6. The pharmacy or prescriber identified below expressly acknowledges that the Board's payment of PMP Gateway and/or NARxCARE license fees is contingent upon BOP's continued receipt of necessary funding from IDHW pursuant to the terms of IDHW -600.
7. To the extent a PMP Gateway or NARxCARE license requires a pharmacist or prescriber to enter an end-user agreement, or similar agreement, with Appriss, Inc., the pharmacist or prescriber shall comply with all terms and conditions of such end-user agreement and any non-compliance may be grounds termination of the pharmacist or prescriber's PMP Gateway or NARxCARE license(s).

fx 334-4814

8. Use of a PMP Gateway and/or NARxCARE license by the pharmacy or prescriber identified below shall comply with all applicable federal and state laws.
9. If the Board determines, in its sole discretion, that a pharmacist or prescriber has failed to comply with any of the above terms and conditions, the Board may revoke the pharmacist or prescriber's approval for funding and notify Appriss, Inc. that the pharmacist or prescriber's PMP Gateway and/or NARxCARE license(s) should be immediately terminated.
10. The pharmacy or prescriber identified below expressly acknowledges and understands the above terms and conditions and agrees to comply with all the above terms and conditions in exchange for the Board's payment of a one-year PMP Gateway and/or NARxCARE license(s).

Pharmacy/Prescriber Name: Daniel Marsh
Address: 8950 W. Emerald Street Suite 1108
Boise, ID 83704

Authorized Representative
Name: Samie Cabun
Title: Practice Manager
Signature: [Signature]
Date: 10/24/18

Requested License (check all that apply):

- ☒ PMP Gateway
☐ NARxCARE

BOARD STAFF USE ONLY:

Approved License: ☐ PMP Gateway ☐ NARxCARE

Denied License: ☐ PMP Gateway ☐ NARxCARE

IDAHO STATE BOARD OF PHARMACY

Board Funded PMP Gateway and NARxCHECK Licenses Application and Standard Terms and Conditions

The Idaho State Board of Pharmacy ("Board") and the Idaho Department of Health and Welfare ("IDHW") entered into a contract, IDHW Contract No. HC929600 ("IDHW -600"), for IDHW to provide BOP with funding to pay Appriss PMP Gateway and/or NARxCHECK license fees for certain pharmacies and prescribers. Such pharmacies and prescribers shall be specifically identified and approved by the Board, and the Board shall provide Appriss, Inc. with a list of all such pharmacies and prescribers approved for funding.

The terms and conditions set forth herein shall apply to all pharmacies and prescribers approved by the Board to receive a PMP Gateway and/or NARxCHECK license(s) paid by the Board with funds received pursuant to IDHW -600:

1. PMP Gateway or NARxCHECK license fees paid by the Board on behalf of a pharmacy or prescriber shall be on a one-time basis per individual pharmacy or prescriber.
2. PMP Gateway or NARxCHECK licenses issued to approved pharmacies or prescribers shall have a one (1) year term from the date of issuance.
3. The Board shall not be responsible for any costs or fees beyond the one (1) year license fee, which shall be paid at those rates specifically set forth in IDHW -600.
4. Upon the expiration of a PMP Gateway or NARxCHECK license paid by the Board, the individual pharmacy or prescriber shall be responsible for all future license fees and any related costs.
5. The Board's payment of PMP Gateway or NARxCHECK license fees on behalf of an individual pharmacy or prescriber shall not create any ownership interest by the Board in the license(s).
6. The pharmacy or prescriber identified below expressly acknowledges that the Board's payment of PMP Gateway and/or NARxCHECK license fees is contingent upon BOP's continued receipt of necessary funding from IDHW pursuant to the terms of IDHW -600.
7. To the extent a PMP Gateway or NARxCHECK license requires a pharmacist or prescriber to enter an end-user agreement, or similar agreement, with Appriss, Inc., the pharmacist or prescriber shall comply with all terms and conditions of such end-user agreement and any non-compliance may be grounds termination of the pharmacist or prescriber's PMP Gateway or NARxCHECK license(s).

8. Use of a PMP Gateway and/or NARxCHECK license by the pharmacy or prescriber identified below shall comply with all applicable federal and state laws.
9. If the Board determines, in its sole discretion, that a pharmacist or prescriber has failed to comply with any of the above terms and conditions, the Board may revoke the pharmacist or prescriber's approval for funding and notify Appriss, Inc. that the pharmacist or prescriber's PMP Gateway and/or NARxCHECK license(s) should be immediately terminated.
10. The pharmacy or prescriber identified below expressly acknowledges and understands the above terms and conditions and agrees to comply with all the above terms and conditions in exchange for the Board's payment of a one-year PMP Gateway and/or NARxCHECK license(s).

Pharmacy/Prescriber Name: Luke's Family Pharmacy
Address: 101 S. Main St.
Hailey, ID 83333

Authorized Representative

Name: Luke Snell
Title: owner
Signature: [Signature]
Date: 11/1/17

Requested License (check all that apply):

- ☒ PMP Gateway
☐ NARxCHECK

BOARD STAFF USE ONLY:

Approved License: ☐ PMP Gateway ☐ NARxCHECK

Denied License: ☐ PMP Gateway ☐ NARxCHECK

IDAHO STATE BOARD OF PHARMACY

Board Funded PMP Gateway and NARxCARE Licenses Application and Standard Terms and Conditions

The Idaho State Board of Pharmacy ("Board") and the Idaho Department of Health and Welfare ("IDHW") entered into a contract, IDHW Contract No. HC929600 ("IDHW -600"), for IDHW to provide BOP with funding to pay Appriss PMP Gateway and/or NARxCARE license fees for certain pharmacies and prescribers. Such pharmacies and prescribers shall be specifically identified and approved by the Board, and the Board shall provide Appriss, Inc. with a list of all such pharmacies and prescribers approved for funding.

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2. PMP Gateway or NARxCARE licenses issued to approved pharmacies or prescribers shall have a one (1) year term from the date of issuance.
3. The Board shall not be responsible for any costs or fees beyond the one (1) year license fee, which shall be paid at those rates specifically set forth in IDHW -600.
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6. The pharmacy or prescriber identified below expressly acknowledges that the Board's payment of PMP Gateway and/or NARxCARE license fees is contingent upon BOP's continued receipt of necessary funding from IDHW pursuant to the terms of IDHW -600.
7. To the extent a PMP Gateway or NARxCARE license requires a pharmacist or prescriber to enter an end-user agreement, or similar agreement, with Appriss, Inc., the pharmacist or prescriber shall comply with all terms and conditions of such end-user agreement and any non-compliance may be grounds termination of the pharmacist or prescriber's PMP Gateway or NARxCARE license(s).

8. Use of a PMP Gateway and/or NARxCHECK license by the pharmacy or prescriber identified below shall comply with all applicable federal and state laws.
9. If the Board determines, in its sole discretion, that a pharmacist or prescriber has failed to comply with any of the above terms and conditions, the Board may revoke the pharmacist or prescriber's approval for funding and notify Appriss, Inc. that the pharmacist or prescriber's PMP Gateway and/or NARxCHECK license(s) should be immediately terminated.
10. The pharmacy or prescriber identified below expressly acknowledges and understands the above terms and conditions and agrees to comply with all the above terms and conditions in exchange for the Board's payment of a one-year PMP Gateway and/or NARxCHECK license(s).

Pharmacy/Prescriber Name: SOUTHERN Idaho Pain Institute PC
Address: 176 FALLS AVE.
TWIN FALLS, ID. 83301

Authorized Representative
Name: Denise Rue
Title: Administrator
Signature: Denise Rue
Date: 1/29/2019

Requested License (check all that apply):

- ☒ PMP Gateway
☒ NARxCHECK

BOARD STAFF USE ONLY:

Approved License: ☐ PMP Gateway ☐ NARxCHECK

Denied License: ☐ PMP Gateway ☐ NARxCHECK

IDAHO STATE BOARD OF PHARMACY

Board Funded PMP Gateway and NARxCHECK Licenses Application and Standard Terms and Conditions

The Idaho State Board of Pharmacy ("Board") and the Idaho Department of Health and Welfare ("IDHW") entered into a contract, IDHW Contract No. HC929600 ("IDHW -600"), for IDHW to provide BOP with funding to pay Appriss PMP Gateway and/or NARxCHECK license fees for certain pharmacies and prescribers. Such pharmacies and prescribers shall be specifically identified and approved by the Board, and the Board shall provide Appriss, Inc. with a list of all such pharmacies and prescribers approved for funding.

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3. The Board shall not be responsible for any costs or fees beyond the one (1) year license fee, which shall be paid at those rates specifically set forth in IDHW -600.
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7. To the extent a PMP Gateway or NARxCHECK license requires a pharmacist or prescriber to enter an end-user agreement, or similar agreement, with Appriss, Inc., the pharmacist or prescriber shall comply with all terms and conditions of such end-user agreement and any non-compliance may be grounds termination of the pharmacist or prescriber's PMP Gateway or NARxCHECK license(s).

8. Use of a PMP Gateway and/or NARxCHECK license by the pharmacy or prescriber identified below shall comply with all applicable federal and state laws.
9. If the Board determines, in its sole discretion, that a pharmacist or prescriber has failed to comply with any of the above terms and conditions, the Board may revoke the pharmacist or prescriber's approval for funding and notify Appriss, Inc. that the pharmacist or prescriber's PMP Gateway and/or NARxCHECK license(s) should be immediately terminated.
10. The pharmacy or prescriber identified below expressly acknowledges and understands the above terms and conditions and agrees to comply with all the above terms and conditions in exchange for the Board's payment of a one-year PMP Gateway and/or NARxCHECK license(s).

Pharmacy/Prescriber Name: St. Luke's Regional Medical Center
Address: 190 E. Barnock St
Boise ID 83712

Authorized Representative

Name: Darion Hill MD
Title: VP & Chief Quality Officer
Signature: Darion Hill
Date: 8-18-17

Requested License (check all that apply):

☒ PMP Gateway

☒ NARxCHECK

BOARD STAFF USE ONLY:

Approved License: ☒ PMP Gateway ☒ NARxCHECK

Denied License: ☐ PMP Gateway ☐ NARxCHECK

IDAHO STATE BOARD OF PHARMACY

Board Funded PMP Gateway and NARxCARE Licenses Application and Standard Terms and Conditions

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3. The Board shall not be responsible for any costs or fees beyond the one (1) year license fee, which shall be paid at those rates specifically set forth in IDHW -600.
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5. The Board's payment of PMP Gateway or NARxCARE license fees on behalf of an individual pharmacy or prescriber shall not create any ownership interest by the Board in the license(s).
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7. To the extent a PMP Gateway or NARxCARE license requires a pharmacist or prescriber to enter an end-user agreement, or similar agreement, with Appriss, Inc., the pharmacist or prescriber shall comply with all terms and conditions of such end-user agreement and any non-compliance may be grounds termination of the pharmacist or prescriber's PMP Gateway or NARxCARE license(s).

8. Use of a PMP Gateway and/or NARxCARE license by the pharmacy or prescriber identified below shall comply with all applicable federal and state laws.
9. If the Board determines, in its sole discretion, that a pharmacist or prescriber has failed to comply with any of the above terms and conditions, the Board may revoke the pharmacist or prescriber's approval for funding and notify Appriss, Inc. that the pharmacist or prescriber's PMP Gateway and/or NARxCARE license(s) should be immediately terminated.
10. The pharmacy or prescriber identified below expressly acknowledges and understands the above terms and conditions and agrees to comply with all the above terms and conditions in exchange for the Board's payment of a one-year PMP Gateway and/or NARxCARE license(s).

Pharmacy/Prescriber Name: Wallace Pharmacy Inc. Dba Wallace Drugs
Address: 44. S. Main (PO Box 841)
Aberdeen, ID 83210

Authorized Representative

Name: Dwight Wallace
Title: Owens / RPh
Signature: Dwight Wallace
Date: 12/13/18

Requested License (check all that apply):

☒ PMP Gateway

☒ NARxCARE

BOARD STAFF USE ONLY:

Approved License: ☐ PMP Gateway ☐ NARxCARE

Denied License: ☐ PMP Gateway ☐ NARxCARE